

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mesal		08-10-01
O.I.P.E. CLASSIFIER		- 21	11.01:1
FORMALITY REVIEW	1 7	2(2)38	9-12-01
RESPONSE FORMALITY REVIEW			, , , , , , , , , , , , , , , , , , ,
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INDEX OF CLAIMS

•	Rejected	N	Non-elected
	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

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Claim / / Date	Claim	Date	Claim	Date			
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8 10	60		110				
[9] 11	51		111				
20 12 =	62		112	- - - - - -			
21 13	83		113				
22 14	64		114	- - - - - - - - - - 			
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16 18 N N N =	68		118	-1-1-1-1-1			
5 19	69	- - - - - - - - - - 	119				
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7 21 =	71		121				
	72		122				
17 22	73		123				
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25 25 =	75		125	· 			
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32	82		132	╼╇╼╂╌┤═╂╌╂═╂╼┼╌			
33	63		133	- 			
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39 /	89		139	- - - - - - - - - - 			
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41 42	91 92	┈ ╁╾┤╶ ╏┈ ┩╌	141	┈╎╌╎╶╎╶╎			
43	93		143	╶┤╶┞╸╂╌╂╼┼╍			
44	94		144				
45	95	╶╁╅╏╍ ┼┩	145	╼┼╍┼╌╂╌╂╌╂╼╂╌			
46	96		146				
47	97		147				
48	98		148				
49	99		149				
50	100		150				

27/2/51

If more than 150 claims or 10 actions staple additional sheet here